



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E435065**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-001517		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	06	17	2015					0857	31		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST SE		BLOCK NO. <input checked="" type="checkbox"/> 7800
		MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
200 00 FEET	CAVALERO RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4259997436 N: 4252657143
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LAST NAME	SINCLAIR	FIRST NAME	FELICIA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	11706 24TH ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982587308
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CDL	RESTRICTIONS B	ENDORSEMENTS	
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DRIVER'S LICENSE #	SINCLFR086MA	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07	01	1992
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AIP2122	STATE	WA	VIN#	3VWSP69M23M191626
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	VOLK	MODEL	JET4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MACK'S TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **ERIC SINCLAIR 11106 CHENNAULT BEACH RD MUKILTEO WA 98275**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # USAA 024704132G	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258796600
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LAST NAME	MORRISON	FIRST NAME	SHAWN	MIDDLE INITIAL	R
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STREET NEW ADDRESS	2409 108TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982585176
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CDL	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	MORRISR187QD	STATE	WA	SEX	M	D.O.B. MMDDYYYY	11	04	1982
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	B38032R	STATE	WA	VIN#	1D7HU18NX3J548296
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	DODG	MODEL	RAMPU	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SHAWN MORRISON 2409 108TH AVE SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # ALLSTATE 976483354	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E435065**

CASE # **15-001517**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling west on 20th St SE approaching Cavalero Rd. Unit 2 was in front of Unit 1 on 20th St SE near Cavalero Rd stopped due to a flagger holding a stop sign. Driver of unit 1 said she was trying to get something out of her eye when she saw the brake lights of unit 2 and attempted to step on her brakes. Driver of unit 1 said her foot slipped off the brake and her vehicle struck unit 2.

There were no injuries and unit 1 was towed from the scene.

Unit 1 was at fault due to driver distractions inside the vehicle.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-17-15 12:13 PM

DATED

PLACE SIGNED

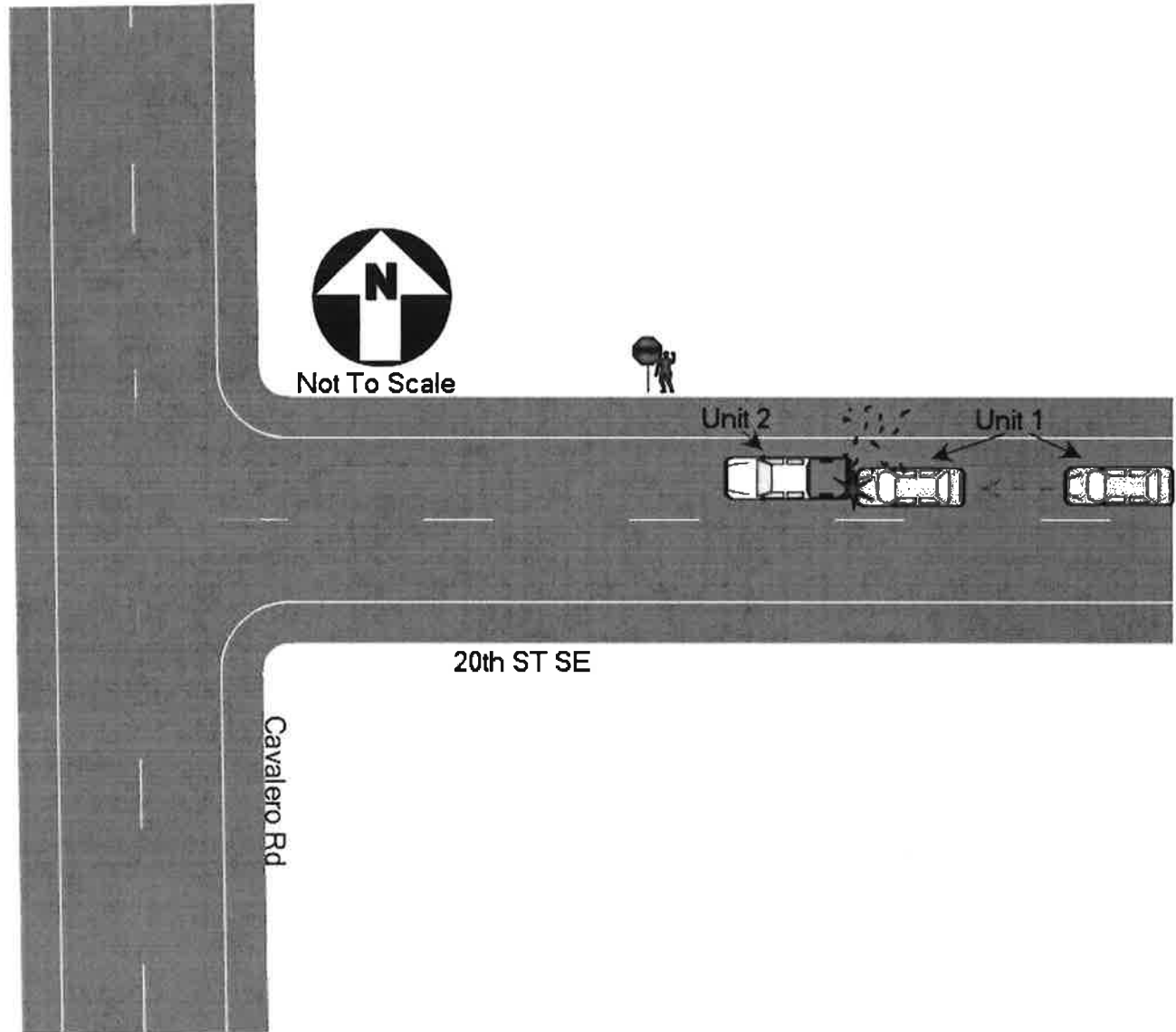
APPROVED BY

ROBERT MINER 095

DATE

6/19/2015 6:24:54 AM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	8:58 AM	TIME POLICE ARRIVED	9:14 AM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1517

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SINCLAIR, FELICIA RENEE	RACE W	ETH —	SEX F	DOB 7/1/92	AGE 22	HGT 5'6"	WGT 165	HAIR BR	EYES BL
STREET ADDRESS 11706 24th St SE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE N/A		CELL PHONE 425-999-7436		PLACE OF EMPLOYMENT West Coast Armory						
WORK PHONE 425-265-7143		EMAIL ADDRESS f.douglas7192@gmail.com								

I, Felicia Sinclair, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On my way to work, I had something in my eye disrupting my vision. I had my foot on the brake, as I tried to clear whatever was in my eye. I saw the truck put his brakes on in front of me, so I attempted to hit mine. My foot slipped off the brake, and I collided before I could regain control.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6/17/15	LOCATION SIGNED LK5
OFFICER/NUMBER: KILROY/132	DATE SIGNED 6/17/15	LOCATION SIGNED LK5

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1517

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Morrison Shawn R	RACE W	ETH M	SEX M	DOB 11-4-1982	AGE 32	HGT 58"	WGT 190	HAIR BRN	EYES BLU
STREET ADDRESS 2404 108th AVE SE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425(879)6600		CELL PHONE same as home			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Traveling west bound on 20th St Slowed down to a stop as there was a Flagger stopping traffic. I was hit from behind from the car behind me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Shawn Morrison</i>	DATE SIGNED 9-17-15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: SKILROY 1132	DATE SIGNED 9/12/15	LOCATION SIGNED LKS

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**LSPD
ORIGINAL**

PAGE 1 OF 1

Incident History for: #SS15011896

Case Numbers: \$SS15001517

Received 06/17/15 08:57:07 BY SPCT04 SP0402
Entered 06/17/15 08:58:20 BY SPCT04 SP0402
Dispatched 06/17/15 08:58:33 BY SPDP17 SP0371
Enroute 06/17/15 08:58:33
Onscene 06/17/15 09:14:45
Closed 06/17/15 09:46:10

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT

Src: 9

Loc: 20 ST SE/CAVALERO RD ,LKS (V)

Latitude: (+) 47.979934 Longitude: (-) 122.130053

Loc Info:

Name: MOROSIN, SHAWN

Addr:

Phone: 4258796600

/0858 (SP0402) ENTRY ,CC, NON INJ, NON BLKING, RP IN A WHI DODGE RAM
VS SIL VW
/0858 (SP0371) DISPER 19D3 #SS132 KILROY, OFFICER (JOSH)
/0914 (SS132) *ONSCNE 19D3
/0915 (*****) REMINQ 19D3 AIP2122
/0915 (SP0371) REMINQ 19D3 LIC, 19D3, AIP2122, , ,
/0915 (*****) REMINQ 19D3 B38032R
/0915 (SP0371) REMINQ 19D3 LIC, 19D3, B38032R, , ,
/0921 ROTREQ 19D3 TOW 5099 LKS MACK'S TOWING
3605683131 , 4 ROUND FRONT END DAMAGE
/0923 ASNCAS 19D3 \$SS15001517
/0939 ONSCNE 19D3 , TOW OS
/0946 CLEAR 19D3 D/H
/0946 CLOSE 19D3

LSPD
ORIGINAL